

Applicant:

Serial No.:

ı ş

Gerhard Kastenhofer

Examiner in immediately

preceding parent appln.: C. Rodriguez

Filed:

October 29, 2003

Unknown

Anticipated Group Art Unit: 3763

For:

MULTILAYER INTERVENTIONAL CATHETER

Docket No.:

1001.1291103

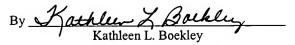
TRANSMITTAL SHEET

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 333854186 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 29th day of October 2003.



We are transmitting herewith the attached Patent Application which is a Continuation of prior Application Serial No. 09/978,964 under 37 C.F.R. § 1.53(b). The Continuation Application includes the following:

- [XX] TEN (10) sheet(s) of Specification.
- [XX] $\underline{\text{TEN (10)}}$ Claim(s).
- [XX] ONE (1) sheet of Abstract.
- [XX] THREE (3) sheet(s) of Formal Drawings.
- [XX] Copy of Executed Declaration and Power of Attorney from a prior application.

 **The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.
- [] Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed.
- [XX] An Assignment of the invention to Schneider (Europe) A.G. was filed in a prior application.



[]	A certified copy of a	application, Serial No.				, filed				_,		
	the right of priority	of which	s claimed	under 3	5 U.S.C.	§ 1	19 was	filed	in	a	prio	
	application.											

[XX] A Preliminary Amendment.

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.

CLAIMS AS FILED								
		(1)	(2)	Small 1	Entity	Other		
For:		# Filed	# Extra	Rate	Fee	Rate	Fee	
Basic Fee	(1001)	1	0		\$385		\$770	
Total Claims	(1202)	11-20 =	0	X 9 =	\$	X 18 =	\$0	
Independent Claims	(1201)	4-3 =	1	X 43 =	\$	X 86 =	\$86	
() Multiple Dependent Claim Presented (1			(1203)	+ 145 =	\$	+ 290 =	\$0	
TOTAL		\$		\$856				

^{*}If the difference in Column (1) is less than zero, enter "0" in column 2.

[]	Other		
-----	-------	--	--

[XX] A check in the amount of \$856.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to

Deposit Account No. 50-0413.

David M. Crompton, Reg. No. 36,772

Customer No. 28075

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC 1221 Nicollet Avenue, Suite 800 Minneapolis, MN 55403-2420 Telephone: (612) 677-9050

Facsimile: (612) 359-9349